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FREEDOM PASS APPLICATION FORM FOR DISABLED PEOPLE – GUIDANCE NOTES

What is a Freedom Pass?

The Freedom Pass for people with disabilities gives concessionary travel on most public transport in London. When you get your Freedom Pass you will get full details on how to use it.

If you are 60+ you may be entitled to a 60+ photocard. This means that you do not need to complete Brent's application form. You will need to contact tfl.gov.uk to apply online or by calling 0343 222 1234.

If you are of pensionable age, please apply direct to your local post office.

If your freedom pass is lost, stolen (A crime ref No will be required which you can obtain from your local police) or damaged, please contact Journeycall on 0300 330 1433. There is a £10 charge for replacements.

Eligible people are those:

If you have one of the following benefits and if you can submit current proof of entitlement, provided the benefit has been in place for at least 12 months, or is expected to be for at least 12 months, generally you are automatically entitled to the Freedom Pass subject to periodic review.

- Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA)
- Personal Independence Payment (PIP). If you have been awarded 8 points or more against the 'moving around' or 'communicating verbally' components of the award

Residents of the borough whose disability has a substantial effect on their ability to carry out normal day to day activities and who have a disability which is permanent or which may last for at least 12 months may be entitled to a Disabled Person's Freedom Pass. To be eligible you must meet one of the seven criteria in the Transport Act 2000, as set out below.

1) Who are blind or partially sighted;

If you are registered blind (severely sight impaired) or if they wish to be registered blind and have a Certificate Of Vision Impairment (CVI) signed by a Consultant Ophthalmologist which states that they are severely sight impaired (blind) .

2) Who are profoundly or severely deaf;

This means someone who has a severe hearing loss if it reaches 70-95 dBHL and a profound loss if it reaches 95+ dBHL.

3) Who are without speech;



This means someone who is unable to communicate orally in any language (that is, unable to make clear basic oral requests).

- 4) Who have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on their ability to walk;

We accept Higher Rate of the Mobility Component of Disability Living Allowance (HRMCDLA). We need up to date medical proof of your disability.

- 5) Who do not have arms or have a long-term loss of the use of both arms;

This also covers people with a deformity of both arms and those who have both arms if they are unable to use them to carry out day-to-day tasks, for example paying coins into a fare machine.

- 6) Who have a learning disability, that is, a state of arrested or incomplete development of mind, which includes significant impairment of intelligence and social functioning; a person with a learning disability has a significantly reduced ability to understand new or complex information and to learn new skills, with a reduced ability to cope independently.

7) Who, if they applied for the grant of a licence to drive a motor vehicle under Part III of the Road Traffic Act 1988, would have their applications refused pursuant to Section 92 of that Act (physical fitness) other, than on the ground of persistent misuse of drugs or alcohol.

Under criteria 7 above, those who are currently barred from holding a licence are people with:

- i. Severe mental disorder.
- ii. Liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise).
- iii. Inability to read a registration plate in good light at 20.5 metres (with lenses, if worn).
- iv. other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public.
- v Epilepsy (unless it is of a type which does not pose a danger).

Please note that it is not necessary to have applied for a driving licence to be eligible under these criteria. You can provide evidence from your consultant psychiatrist to state that you would be refused a licence should you apply.

For epilepsy, eligibility is not automatic and will depend on the circumstances of each applicant

There are a number of categories of severe mental disorder under which a person may qualify and eligibility will depend on the circumstances of each applicant and the severity of the condition.

Applications may be subject to a mobility assessment specialist for further assessment. You will be contacted separately if this is necessary.

Medical Information:

Please Note: recent medical evidence of your condition must be attached to your application. Failure to provide this may result in your application being refused. A GP's letter which can be chargeable is unnecessary but you do need to provide medical evidence of your current condition. This can be by a medical history report that shows your current and active conditions which can be obtained from your GP reception. You should also attach any other supporting medical evidence in relation to your disability. These can be hospital appointment letters, x-ray reports, or any other reports in relation to your mobility problem. If you fail to attach any current medical evidence it will effect the overall assessment decision in

determining your eligibility under the strict discretionary criteria of the scheme (You have a permanent and substantial disability which means you cannot walk at all or you have considerable difficulty in walking) as we do need to substantiate the issue of such badges by way of supporting medical evidence in relation to your condition and how it affects your mobility.

Freedom Pass Application Form

Please complete all relevant sections of the application form and supply the appropriate documents to confirm your address, identity, and evidence of eligibility.

Please post completed applications and documents to:

**Brent Customer Service – Independent Travel Team
Brent Civic Centre
Engineers Way
Wembley
Middlesex HA9 0FJ**

The local authority may refuse to issue a Freedom Pass if you do not provide adequate evidence that you meet the eligibility criteria. Brent Council reserves the right to check the information provided in an application alongside council tax and benefits databases, the electoral register, school records or any other council records for the purpose of fraud prevention. When completing this form you may find the accompanying guidance notes helpful.

Section 1 – Information about the applicant (compulsory)

Title (Mr, Mrs, Miss, Ms, other):

First names (in full):

Surname:

Date of Birth (DD/MM/YYYY): / /

Present age in years:

Address: _____

Postcode: _____

Email: _____

Home Tel: _____ Mobile Tel: _____

Doctors Name: _____

Address: _____

Surgery Telephone Number: _____

Section 2 – Main Eligibility Criteria

1. Are you blind or partially sighted?

Yes No

If YES, please specify which borough you are registered with: _____ or
Enclose a copy of your DB8 and go to **SECTION 3.**

2. Has an aural specialist assessed you as profoundly (70-95 dBHL) or severely (95+ dBHL) deaf?

Yes No

If YES, please enclose an audiological report and go to **SECTION 3.**

3. HIGHER RATE OF THE MOBILITY component of the DISABILITY LIVING ALLOWANCE FOR AT LEAST 12 MONTHS or awarded 8 points or more against the MOVING AROUND or COMMUNICATING VERBALLY component of Personal Independence Payment (PIP).

Yes No

If **YES**, please provide a copy of an official letter confirming your name/address, the date of your award, and how your allowance is made up. Don't forget to complete **SECTION 4.**

Have you been awarded a War Pensioners' Mobility Supplement for at least 12 months?

Yes No

If **YES**, please provide a copy of an official letter confirming the date of your award, or a copy of the allowance book pages detailing your name/address and how your allowance is made up. Don't forget to complete **SECTION 4.**

If you receive neither of the above benefits, do you have a disability, or have suffered an injury, which has a substantial and long-term adverse effect on your ability to walk?

Yes No

If YES, go to **SECTION 3.**

4. Are you unable to communicate orally?

Yes No

If Yes please enclose medical evidence and go to **SECTION 4.**

5. You do not have arms or have a long-term loss of the use of both arms.?

Yes No

If YES, please provide medical evidence, and go to **SECTION 4.**

6. Have you got a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning, which started before adulthood?

Yes No

If YES, but you are not registered with your local authority (Social Services), please provide medical evidence, and go to **SECTION 4.**

7. Do you suffer from:

1. Epilepsy;
 2. Severe mental disorder;
 3. Sudden attacks of fainting;
 4. Inability to read a registration plate at 20.5 metre even with the help of glasses;
- If you suffer from any of the above conditions, **please supply medical evidence**

7. Have you been refused a driving license (not including refusal due to persistent misuse of drugs or alcohol)?

Yes No

If YES, please send current evidence of the reason, issued by the DVLA, and go to **SECTION 4**

Section 3 – Eligibility Assessment (please provide medical evidence)

1. Please describe your illness or disability, giving as much detail as possible (continue on a separate sheet if necessary): _____

2. How long have you suffered from the disability / illness? Years Months

3. Do you regularly use a walking aid or a wheelchair? Yes No

If YES, please state the type of aid(s) you use: _____

How often do you use them? _____

4. How far can you walk on flat ground before you feel breathless, feel pain or severe discomfort and need to rest? _____ Metres

5. Roughly, how many minutes does it take you to walk this far? _____

6. Please give details of how your day to day activities are affected by your disabilities / illness: _____

Section 4 - Declarations and signatures.

I declare that to the best of my knowledge all the statements I have made on this form are true and I agree to The London Borough of Brent contacting my GP/Health Professional if necessary for the purpose of obtaining information in support of my application.

I am permanently resident in The London Borough of Brent and accept the conditions of use listed overleaf. I understand that the provision of any false information as part of this application may render me liable to prosecution. I understand that information about me may be kept on computer in accordance with the Data Protection Act 1984.

Checklist of documents you may need to enclose

Please ensure you have enclosed all of the relevant documents for the sections of this application form that you have completed. We have provided a checklist below to help remind you of what you need to enclose.

Proof of Identity and Residence

You are required to provide proof of your identity and residence. Your application will not be considered without this. If you have changed your name please provide identity with your current name on.

14. Proof of identity

I enclose a copy of one of the following documents: (please tick)

Copy of a photocard or paper driving licence

Copy of passport photo page (current or expired)

Copy of birth certificate*

(*if you are married and changed your name you cannot use your birth Certificate)

Copy of NHS Medical Card

Proof of Residence

I enclose a copy of one of the following documents, with my name and address (please tick):

Copy of council or housing association rent book

Copy of tenancy agreement

Copy of benefits or pension book

Copy of council tax bill

Copy of letter of entitlement of benefits or pension

Copy of a utility bill e.g. gas, electricity, phone,

Or water (must be dated within the last 3 months)

Photographs

I enclose a recent passport sized colour photograph of myself, (taken within the last six months)with my name printed on the back.

4) Declaration

Your signature:

Date of Application:

Print name:

**Please note that you may be contacted to take part in surveys, regarding the use of your Freedom Pass.
Please note this authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.**